

## MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

## ORIGINAL OR AMENDED

| STATEMENT OF ORGANIZATION FO   | ORM FOR CANDIDATE COMMITTEES   |
|--|--|
| 1. Committee ID #: 136804  | 10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election  |
| 2. Type of Filing:  Original   | and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be  |
| Amendment to Items: 7A+B Eff. Date:  | automatically lost if the committee exceeds the \$1,000 threshold.   |
| 3. Full Name of Committee (must include Candidate's first  | 11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)  |
| and last name):  | Association  |
| 4a. Candidate Full Name (Last, First, M.I.):   | a. Official Depository   |
| 4b. Political Party (if applicable):   | a. Official Depository  b. Secondary Depository  |
| 4c. County of Residence:   | £0,5   |
| 4d. Office Sought (Check one):   | b. Secondary Depository  |
| Governor  State Rep. State Bd. of Ed. WSU Gov. Supreme Court Circuit Court  Lt. Governor State Senator Attorney Gen. MSU Trustee Appeals Court Probate Court | 12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.  |
| Municipal Court  Local or other please specify:  | 13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.   |
| 4e. District/Circuit # or Jurisdiction:  |  |
| 5. Date Committee was Formed:  | The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the  |
| 6a. Committee Phone #:   | preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of  |
| 6b. Committee Fax #:   | charge to assist you in meeting this requirement.  |
| 6c. Committee E-mail Address:  | Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.   |
| 7a. Complete Comm. Mailing Address (May be PO Box):  | ** OR **   |
| 29410 Grandview<br>Harrison Twps, MI 48045   | Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.   |
| 7b. Complete Comm. Street Address (May <i>not</i> be PO Box):  | 14. Verification: I/We certify that all reasonable diligence was used  |
| SAME   | in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and |
| 8. Treasurer Name and Complete Address:  | completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the   |
| Denise Williams<br>29410 Grandview<br>Harrison Twp., MI 48045<br>Phone#: 586-463-6044  | I proporation of each statement electronically filed by this committee   |
| Phone #: 586-463-6044  | Candidate: Level (Callian 1/30/06  |
| E-mail Address:  | New 1/30/06  |
| 9. Designated Record Keeper Name and Complete Address:   | Current Treasurer:   |
|  |  |
| Phone #  | Designated Record Keeper (Required only if filing electronically):   |
| Phone #: E-mail Address:   |  |
| CFR101 CAN SO.doc REV 11/05: Authority granted under Act 388 of 1976. a  | is amended   |